



# Department of Medicaid

Mike DeWine, Governor  
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**TO:** Aetna, OhioRISE Plan

**FROM:** Dawn Puster, Deputy Director, OhioRISE Program

**DATE:** June 29, 2023

**SUBJECT:** OhioRISE Provider Agreement Updates

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## Background

The Department is issuing this memo to change the requirements in the July 2023 version of the OhioRISE Provider Agreement for the OhioRISE Plan. The changes outlined below are related to Provider Directory (Appendix F) and will be effective on receipt of this memo.

## Provider Directory

The update for Appendix F, Section 13.a.ii will be as follows:

### a. General

ii. The OhioRISE Plan must ensure that the information in the OhioRISE Plan's provider directory, *at a minimum, exactly* matches the data in ODM's provider network management system for the OhioRISE Plan's network providers. The OhioRISE Plan may supplement ODM provider network management system data with OhioRISE Plan information to the extent needed to comply with the provider directory content requirements in this Agreement.

The update for Appendix F, Section 13.b.i will be as follows:

### b. Content

i. In accordance with 42 CFR 438.10 and this Agreement, the OhioRISE Plan's provider directory must include the following information about each provider:

1. Provider's name as well as any group affiliation;
2. Provider's street address or addresses;
3. Provider's telephone number or numbers;
4. Provider's website URL, as appropriate;
5. Provider's specialty, when applicable, *and service-level information collected by the OhioRISE Plan, at a minimum to include distinct identification of providers of Behavioral Health Respite and Transitional Services and Supports services;*
6. Indication of the provider's office/facility accessibility and accommodations (e.g., clinics, residential facilities), when applicable;
7. Indication of whether the provider offers telehealth, and if so, when telehealth is available;
8. Indication of whether the provider is accepting new members;

- 9. Indication of the provider's linguistic capabilities, including the specific language or languages offered, including American Sign Language (ASL), and whether they are offered by the provider or a skilled medical/behavioral health interpreter at the provider's office; and*
- 10. Provider's cultural competence training status, when available.*

The next version of the OhioRISE Provider Agreement will be updated to include the changes in this memo. Please submit any questions related to the information included in this memo to [ohiorisepolicy@medicaid.ohio.gov](mailto:ohiorisepolicy@medicaid.ohio.gov).